

Religious Accommodations Request Form

Examinees who prefer not to test on the regularly scheduled examination date due to religious convictions may qualify to take the examination on an alternate date.

NOTE: This form and supporting documentation must be submitted each time the examinee requests to take the examination. The examination for approved examinees will be held after the regularly scheduled examination.

First Name		MI	Last Name
Mailing Address			
City/State/Zip		Daytime Phone	
E-mail	Social Security Number		Fax Number
Examination Name			Exam Month/Year
Have you taken this exam previously? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Were you provided with special accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Supporting documentation must be on official letterhead from your religious organization and be signed and dated within the last year.

Examinee Signature	Date
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This form and supporting documentation must reach the address below at least 60 days prior to the administration.

ELSES
Religious Accommodations Coordinator
PO Box 1687
Clemson, SC 29633-1687

